

Medical Group

There are different areas the Medical Group should campaign; this is to get the first kicked off, then we put together a working-paper which can form the basis of the campaigning.

1) Enlisting the support of doctors: preparing a statement for them. Maybe making contact with individual doctors on a personal basis first. The likes of Dr Greenberg, Professor Seaton and other potentially sympathetic voices. Finding out about any related or committed medical groups in Britain and abroad as a back-up pressure group. Sympathetic professionals in the medical field could help us prepare the statement properly. But the list of things we want changed in the medical interests of patients is enormous. End biopsies. Compulsory CT scans for ANY suspected asbestos victim. The GP should be able to refer any patient if s/he is suspected of having the bug. Put an end to GP's having to avoid suggesting somebody might have asbestos diseases because if they do there are legal implications. Stop the barbaric lung function tests.

I suppose really, one way to discover the practical things doctors can help us on is to look at certain cases¹ etc, and dig out as many particular points that crop up in each one of them. If victims just sat in a group discussing their own medical problems individually, and this was taken down by a minutes' secretary; it might be surprising the amount of general knowledge we could get on the subject.

Once the statement is prepared properly it then gets sent off to the *Lancet* and all other medical journals, especially those that relate to cancer, lung diseases etc., and the statement also sent to the doctors' trade union (the BMA). If the BMA supported then that would be major of course. So we must start approaching the BMA as we would any other trade union.

Also we contact individual doctors, academics and others linked professionally to the medical side. This statement must take care not to compromise them. It can be hard-hitting without doing that. It pays to remember the doctors are *also* victims, because they have to deny the existence of these diseases it means they aren't allowed to treat their patients properly, they are being forced to be unprofessional, forced to go against their own ethical position.

¹ like Coyle, Ward, Nesbitt, Lyle etc

Some other points on the statement: hospices; post graduate studies; proper care and treatment; early diagnosis to aid the victim's quality of life; potential cancer cures - Western Australia's research and experimental-type work; the Moeman diet, etc.

Plus *diagnostic criteria* of course: the statement can set out the need for change; for example, too much store is set on interstitial pulmonary fibrosis appearing on the x-rays. In 99 cases out of 100 this only appears at a very late stage in asbestosis, and sometimes never at all. It can challenge on BDPT (*Bilateral Diffuse Pleural Thickening*) the way at the moment somebody in the early stages is not getting diagnosed - why is somebody with BDPT not getting diagnosed? What does 'Diffuse' mean? Surely that's always going to be an opinion. If pleural plaque and pleural thickening are accepted by the Defenders (the asbestos industry and its insurers) in civil action claims then why can the DSS not accept them either, and make it the grounds of giving a claim?

Then the *set* of diseases: asbestos attacks every part of the body so there must be more diseases that the DSS can prescribe. At the moment they say there are four: PD1, PD3, PD6 and PD8. But you could say there are really only TWO diseases. Asbestosis and BDPT. They won't diagnose PD6, lung cancer, UNLESS the victim ALSO has asbestosis (PD1) OR bilateral diffuse pleural thickening (PD9), so they'd be as well dropping it altogether - unless they did it properly. And to do it properly they'd have to prescribe lung cancer IN THE ABSENCE of asbestosis or BDPT.

In other words the doctors will have to agree that victims can get lung cancer from asbestos but they don't necessarily have to present symptoms or signs of asbestosis or BDPT at the same time. This is where current medical research stands but the government is just refusing to catch up with it because if they do then all these other asbestos victims will have claims. This is the crucial point about the *Vise* case as far as I can see. And if you look at NI226 under lung cancer then you'll see the DSS authorities were aware of the problem in 1985 but said there wasn't enough evidence from the medical side to make it certain that you could catch lung cancer IN THE ABSENCE of asbestosis or BDPT.

Something the same applies to PD3 (mesothelioma). The case² of ----- shows that even somebody diagnosed mesothelioma (PD3) can be beaten by the

² case 8

medical authorities on the diagnosis question. This is because often there is no real way of showing they have mesothelioma UNLESS they have signs of asbestosis or perhaps bilateral diffuse pleural thickening. So getting the diagnostic criteria changed on mesothelioma is a fundamental matter.

The effects of asbestos diseases: we have to stop the DSS authorities describing the condition as "breathless"; it means the diseases don't get treated seriously. Can you believe it! the effect of the condition of somebody with mesothelioma is getting described by the DSS as "breathlessness". Somebody with a terminal-illness! This is terrible and must stop.

Another thing is the link to heart disease. We must force them to acknowledge this link. At the moment the lawyers can tell a victim that they've got heart disease as well as asbestosis and this stops their claim being as strong as it should be.

On "*causation*", the lawyers should be forced to recognise that heart disease is CAUSED by asbestos-damaged lungs. But we must get doctors to lobby for that alongside us. For most of these medical arguments and changes it is totally crucial that we enlist medical support; so maybe the very first part of the Medical Group's job is to tackle that, getting doctors who will support us.

Now once a statement is prepared and contains a full-scale list of our requests and demands we then LAUNCH it as a CAMPAIGN in its own right and we do this publicly. In other words the full works, the media and the rest. We should send out press releases in the usual way and get as much media input as we can.

And then we follow up. We start to go along team-handed to support victims when they are being forced to do something that we want changed - such as the torture chamber up at the Royal Infirmary. Whether somebody goes to Corunna House for the DSS so-called medical or to a MAT we are outside AND inside, handing out statements and leaflets and having placards that are connected with this particular issue, etc.

Even before we get the statement done properly in its finished form we can still be forcing the issue by settling on two or three of the points and CONCENTRATING on them, and campaigning on them and them alone; i.e. demonstrations at MATs or at Corunna House or the actual chest clinics and hospitals themselves.

There's just so much to be discussed here and we need in-put from as many people as possible, with all their different experiences to talk from.

It is time that CAA put together a statement of our medical position. Victims don't ask much really, not when you come to think about it, basically all they ask is that the doctors diagnose their diseases and that the authorities admit that they caught the diseases through no fault of their own. All the other stuff follows from that. Or does it? I'm not a victim, not as far as I know, so I can't talk for victims.

But this medical campaign if done properly could be very strong. The statement we put together could be used in different ways. Even in the preparation stages we could - for instance, a brief version could be distributed by the "campaign group" to the rank & file shop stewards and branches they deal with, etc.

What follows is a tidy up of the notes taken by Erica during a meeting on Wednesday 16th December, what we could call the 1st meeting of the "medical group". But anyone can join this group. Especially folk who've got the bug. The more experienced people the better. You don't need to know anything to join. Sometimes it's the man/woman who seems to know least of all who comes up with the best question. But it's important that we get ALL the relevant points together so we can prepare the statement right. Once it's done it's done. We've got to get it right. It doesn't matter if it takes us three or more months to do. Putting out something slipshod and unthought out would not just make us laughing stocks, it would undo much of the work the group has achieved during the past couple of years.

So take notes while you read this. Then at the end you should write down whatever points we've missed. Nobody can think of everything; that's the benefit of having a group.

J. suggested the basic starting point could be the family doctors. This is where you find the first denial of diagnosis (or misdiagnosis to give them the benefit of the doubt). Maybe if the family doctors did their job, or were allowed to do their job, then the cover up might not happen. Who knows? Maybe it's not true, or true just to a point. But as a starting point it sounds better than anything else we can come up with. So until somebody thinks of something more basic then let's use it on that basis;

Why will the family doctors (like the medical profession as a whole) never refer even to the possibility of asbestos unless forced into it? Does the threat of being involved in legal actions (Civil Law claims) hinder them? Is that the only answer? Can

the government have pushed out a secret directive to them? Who knows. Anything's possible. But one terrible outcome is that patients have "the burden of proof" put onto them. They've got to prove they have asbestos diseases; they have to fight to "win" a diagnosis. Even when somebody dies and there's a claim in process, the burden of proof is on the widow or widower "to prove" what their partner died of. This is crazy. It's brutal, uncivilised and downright inhuman and surely goes against the Hippocratic Oath. But what is the Hippocratic Oath? Is it worth the paper it was written on? Well for a start it wasn't written on paper at all. It was carved on wood. Was it? Who knows? But maybe doctors would laugh you out of court if you quoted it to them.

One sympathetic doctor¹ (very knowledgeable on asbestos diseases) has more or less told us that erroneous diagnoses do happen. But if the family doctors and the medical profession as a whole are there to protect the innocent then why are they allowing thousands to die without even telling them what they are dying of? It means that even when they have these incurable diseases they're not getting proper treatment. Because of the cover up there is no provision for the victims. No actual proper medical care, no hospices, no proper research, no postgraduate studies etc.

List ALL the wrongful and evasive diagnoses that we know about: eg. Bronchial carcinoma; asthma; budgies; COAD; chronic bronchitis; emphysema; heart disease etc.

There is no proper compensation given because of conflicting medical opinions. The moonlighters - consultant doctors for the Defenders - are acting against the patients. They are there to represent the Defenders. They are being paid to stop a diagnosis being given. Just like the DSS doctors and the MAT boards. You have to ask what name do they call themselves when they moonlight for the asbestos industry and the insurance companies. Do they still call themselves doctors? Maybe that's why they say "consultants". So they don't feel total hypocrites.

What we could do, even before we have the final statement prepared, is send off our working draft to Dr Greenberg, Professor S and every other sympathetic doctor and asbestos authority we can think of. And we get them to check our statement for mistakes, and whether there's stuff we could put in to make it even more watertight. But as Ben would say, there's no expert like a victim. So even when we get the statements back from the sympathetic doctors, we check it out for ourselves

¹, Dr Greenberg

and make sure it's going to be finished the way we want it.

Death certificates and the cover up goes on after death; they won't even say what it is that people die of. Not only that, they'll dispute the cause of death like they did with Case Number 8. We've already won a major victory with the P. F., getting them to tighten up on post mortems. So we've shown what we can achieve in one important instance. Somebody suggested we should get a court order for every skeleton in every graveyard in Scotland. And where it's been a cremation we get a search warrant for the mantelpiece jug of ashes, to check for a particle count. Well, maybe, who knows, all suggestions are up for discussion.

Sue the doctors. This is something we could be thinking of doing when the statement's ready; we've discussed it for long enough. Maybe we could do it even before the statement's ready. Anything's possible. A couple of the group could suss out the possibilities. Maybe we could serve writs on all the doctors who do consultancy work for the Defenders. And that includes the DSS (Corunna House and Blythwood House). Just because they're chest specialists doesn't mean they're not doctors. Or does it? Maybe there is a fine line somewhere that needs checking out. What about that guy at the MAT's who said "you can put brown asbestos in your tea". Dr Brown or Dr Allan? Maybe we should let him off the writ if he lets us dump a couple of spoons of brown asbestos in his grandchildren's cups. The same goes for any public authority who says such shit (like the headmaster at Garnock Academy)

There is also that terrible thing the DSS does. When they finally "allow" you to get a diagnosis of asbestos or BDPT, then they turn round and deny that the disease you've caused you any trouble. Okay, they say, you've got asbestosis. We accept that. But how come you've got lung and breathing problems? Maybe you've got asthma? Or COAD? Or budgies? That's what they did to Hughie Ward to stop him getting his REA. And it's the same thing they do when you go to get your Mobility - they tried it with Harry McLuskey as well. Then even somebody with mesothelioma, the way they describe it under "loss of function" is breathlessness. Breathlessness! For somebody with a terminal illness. Total disgrace.

Then think about cancers and mesotheliomas. If the doctors were doing their job properly they'd be looking for ways of treating people. At the moment they're doing nothing except crazy things like radiotherapy etc. But from the research done by CAA in the past, from a former counsellor and others, the group's come up with Dr

Moeman's diet, and then we know about the same sort of work being done out in the Wittenoom district. This is the sort of work doctors and researchers could be doing in this damn country. But before getting to that point they have to admit the problem, they have to start diagnosing. It all starts from there when you think about it. One reason why Pat McCrystal and George Marwick have been able to fight to keep the bug at bay, is because they've been allowed to try coping with their illness. They got diagnosed and then they said, Fine, that's all I wanted to know, the reality. Beyond that they could start fighting.

Maybe every single asbestos victim should be advised on methods of trying to fight. But to do that they've got to be able to concentrate on the problem. And how the hell can they concentrate on that when they're having to spend all their time "proving" they have the damn thing.

Which maybe takes you back to the doctors. It's down to them, in the final analysis. They'll beat the asbestos problem. Or is it? Maybe it is. Maybe it isn't. But if it is they'll need a hell of a push. Because sooner or later it means they've got to fight the government. And it's the government that keeps them to the standard of living they're accustomed. Or is that just being cynical. Who knows, let's discuss it at some future meeting. Right now it's all up for grabs. But if it's the doctors and they need that push then it's down to us to give them a kick-start. Maybe our statement will do just that.

Especially if we can mobilise people to take it up - especially the unions. But will the unions take it up? What is the record of the unions? Well here it's probably best to make a distinction between unions and full-time union officials. Usually it's been a case of the members getting sold down the river. So maybe the push has to happen from the rank & file members up the way. If not you might just end up in the same boat. But maybe not. That's up for discussion. These questions will come up when we get to the stage of launching the campaign properly - in other words when we've got the statement sorted out. Check out 1931 cover up; Merryweather TUC Home Office. Check out John Todd's stuff on this. Even better, if his health has improved, get him involved - as long as he agrees to speak only once every half hour! John's files extremely important on Turner, Newall too. And check out the (Chase-Manhattan) Turner papers for evidence of what the doctors were saying 40 to 50 years ago. It'll also tell us a lot about how the cover-up's been covered up